

**POLITICAL COMMITTEE  
SPECIAL PRE-ELECTION REPORT OF DIRECT EXPENDITURES**

**FORM PAC-E**

<b>1 ACCOUNT #</b> (Ethics Commission Filers) 00015883	<b>2 PAGE #</b> 1 of 1	<b>OFFICE USE ONLY</b>
<b>3 COMMITTEE NAME</b> Austin Police Association PAC		
<b>4 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR                      FIRST                      MI Mrs.                                      Valencia	Receipt #
	NICKNAME                              LAST                              SUFFIX Escobar	
<b>5 CAMPAIGN TREASURER'S MAILING ADDRESS</b>	STREET OR PO BOX    APT / SUITE #:    CITY:                      STATE:    ZIP CODE 5817 Wilcab Road Austin, TX 78721	Date Hand-delivered    Amount
		Date Processed
<b>DIRECT CAMPAIGN EXPENDITURES</b>		Date Imaged

**EXPENDITURE CATEGORIES**

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
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**The INSTRUCTION GUIDE explains how to complete this form.**

<b>6 Date</b> 12/08/2014	<b>7 Payee name</b> Kelly Graphics
<b>8 Amount (\$)</b> \$2,488.81	<b>9 Payee address</b> City:    State:    Zip Code 1409 Quaker Ridge Austin, TX 78746

<b>10 PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing, Mailing, Postage fees for a political mailer
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<b>11 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name Flannigan, Jimmy (Mr.)	Office sought: Austin City Council District 6	Office held:
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Date	Payee name
Amount (\$)	Payee address                      City:    State:    Zip Code

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
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<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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Date	Payee name
Amount (\$)	Payee address                      City:    State:    Zip Code

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
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<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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